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APPLICANTS

Manesh Dixit, Sunrise, FL;
 Xiu-Xiu Cheng, Weston, FL;
 Avinash Nangia, Weston, FL;
 Chih Ming Chen, Taipei, TAIWAN;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

02/23/2004

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		FL	0	32	4

ADDRESS

HEDMAN & COSTIGAN P.C.
 1185 AVENUE OF THE AMERICAS
 NEW YORK, NY 10036
 UNITED STATES

TITLE

Extended release venlafaxine formulation

FILING FEE RECEIVED 1072	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit